Health and Family Planning Overview

LIBERIA

Population:	3.3 million (BUCEN 2002)
Infant Mortality Rate:	96 (UNICEF/UNPOP 1999)
DPT3 Coverage:	55%, children 0–23 mos. (EPI Survey Report 2002)
Nutrition:	No data
Total Fertility Rate:	6.3 (UNPOP 1998)
Maternal Mortality Ratio:	1,016 (WHO/Hill 1995)
Contraceptive Prevalence Rate:	7%, all women, modern methods (DHS 1986)
Adult HIV Prevalence:	2.8% (UNAIDS 1999)
Cumulative Orphans:	20,337 (UNAIDS 1999)
Demographic and Health Surveys:	1986
Multi-Indicator Cluster Surveys:	1995

Country Profile

Presidential elections in 1997 marked the end of a seven-year civil war in Liberia. The country now has considerable obstacles to overcome as it faces the challenges of institutionalizing democracy and achieving economic recovery. The literacy rate is only 20 percent. Corruption is rampant, the revenue base is low, and the formal economic sector supports little activity. Significant destruction of public and private facilities occurred during the civil war, and public utilities are extremely limited. Most health facilities that were looted or vandalized during the war have been replaced or renovated, but much of the population still has no access to primary health services. The problems of low productive capacity and a small revenue base are compounded by a government debt of more than $2.6 billion. Liberia hopes to qualify for debt relief and designation as a “heavily indebted poor country” emerging from a postconflict situation, which will bring special treatment from the International Monetary Fund and World Bank.

HIV/AIDS in Liberia. According to surveillance data from the national AIDS control program, Liberia had an HIV/AIDS prevalence rate of less than 1 percent before the onset of the civil war in the late 1980s. In July 2000, however, sentinel surveillance data in seven of Liberia’s 13 counties indicated infection rates above 8 percent. The war facilitated the spread of HIV/AIDS in the 1990s through increases in sexual violence against women and in prostitution among girls and women seeking to meet their basic needs. Today, the main barrier to HIV/AIDS control is the population’s lack of awareness and knowledge, which needs to be addressed through education and media messages. A USAID assessment has revealed that there are periodic shortages of test kits for screening and that demand for condoms (even with the population’s limited knowledge of them) far exceeds their availability.

USAID Strategy

Liberia is in a state of transition following the civil war. Security incidents, human rights violations, corruption, and Liberian assistance to Sierra Leone’s rebels have hardened the position of key U.S. Congress members, and Congress has imposed sanctions prohibiting assistance and placing financial aid on hold. From 1997–2000, USAID/Liberia’s strategy focused on democracy and governance programming and resettling and reintegrating refugees. These efforts met with some success, but the Mission is looking beyond humanitarian relief to broader, long-term solutions. The 2001–2003 transition strategy promotes the role of civil society in improving social, economic, and political conditions. Health-related activities, including maternal and child services, reproductive health, and HIV/AIDS programming, focus on improving access to, demand for, and quality of services, and encourage local nongovernmental and community-based organizations to take greater roles in service delivery.

Strategic Objective: Increased use of essential primary health care services through civil society

Intermediate Results:

- Increased quality, access, and demand for child survival and reproductive health services, including family planning, safe motherhood, and HIV/sexually transmitted infection (STI) prevention
- Behavior change resulting from use of quality reproductive health, family planning, and HIV/STI services
- Increased grass roots participation in health and development activities

Major Program Areas

HIV/AIDS. USAID/Liberia supports limited HIV/AIDS activities as part of its health portfolio. However, the Mission sees opportunities to initiate further HIV/AIDS activities in 2003 and has proposed a transitional strategy. The proposed strategic objective encourages integrated maternal, child, and reproductive health services (including STI management) and emphasizes improved service quality as a way to increase demand for and access to HIV/AIDS prevention programs. The Mission plans a partnership with WHO to provide logistical and technical support to the Ministry of Health's national AIDS control program. This support will help implement an information, education, and communication campaign on HIV/AIDS awareness using modern print and electronic media and traditional forms of expression such as folk dancing. The proposed strategy includes condom procurement and antituberculosis drugs.

Health and Family Planning. Primary health care services have been reestablished in 1,307 remote communities in seven counties. Services include immunizations; nutrition and growth monitoring; maternal and child care; curative care; and health education focused on prevention and control of malaria, diarrheal diseases, and other infectious diseases. The primary beneficiaries of these services are pregnant women, women of childbearing age, and children under age 5. The Mission has also supported an infectious disease control program in two localities to control malaria, yellow fever, Lassa fever, diarrheal diseases, and vaccine-preventable diseases. A surveillance system has been established to monitor trends, detect early warning signs of epidemics, and evaluate interventions. Title II funds have been used to support health care, nutrition, and other services for orphans, disabled persons, and other vulnerable populations. USAID assistance to displaced persons who have returned to their home areas focuses on agriculture, education, primary health care, and the development of human and institutional resources. Continued assistance to this population will lead to increases in food and cash crop production, higher school enrollments, improved health, and enhanced local capacity to provide these critical services.

Results

- The primary health care program trained more than 1,700 community health workers, including traditional birth attendants (TBAs).
- More than 158,000 health consultations for the under-5 population were reported in program areas. Malaria, acute respiratory infections, and diarrhea accounted for 67 percent of these consultations.
- Of an estimated 47,000 children under age 1, 85 percent received measles immunizations, 80 percent the third dose of polio vaccine, and 59 percent the third dose of diphtheria-pertussis-tetanus vaccine.
- In program areas, 32 percent of pregnant women had prenatal consultations and two or more tetanus toxoid immunizations.
- Of 16,600 reported pregnancies, 17 percent were attended by medical personnel and 83 percent by TBAs.
- More than 850,000 children under age 5 received vaccinations, surpassing targets.
- Condoms donated to UNFPA provided 3,266 couple-years of protection.
- More than 9,000 youths and community members attended 25 community awareness sessions on STI/HIV/AIDS prevention and control.
- HIV/AIDS materials were produced in easy-to-read English.

Major Implementing Partners

USAID/Liberia's partners in implementing population, health, and nutrition activities include WHO, UNICEF, the European Union, Rotary International, World Vision International, Save the Children, Africare, the United Methodist Committee on Relief, and the International Rescue Committee.